

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 128 / 193

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Michael Wallach

Mailing Address Rhode Island Hospital  
593 Eddy St

City State Zip Code  
Providence RI 02903-4970

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rhode Island Hospital

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: 37514551

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Don Yoo

Mailing Address 10 Wood Duck Ct

City State Zip Code  
East Greenwich RI 02818-1350

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rhode Island Medical Imag-  
ing

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: 37514552

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. John Grimme

Mailing Address 2315 W 28th Ave

City State Zip Code  
Eugene OR 97405-5901

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Univ of North Carolina Ho-  
spitals

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 9 / 2 0 1 0

Transaction ID: 37531739

Amount of Each Receipt this Period

210.00

**SUBTOTAL** of Receipts This Page (optional) .....

710.00

**TOTAL** This Period (last page this line number only) .....